

NOV 13 2003

Gates & Cooper LLP

Howard Hughes Center
6701 Center Drive West, Suite 1050
Los Angeles, California 90045

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TO: Commissioner for Patents
Attn: Examiner Rachna Singh
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313-1450

FROM: George H. Gates
OUR REF.: ARC9-98-157 (MCM)
TELEPHONE: (310) 642-4146

Total pages, including cover letter: 18PTO FAX NUMBER: (703) 746-7239

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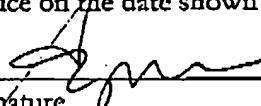
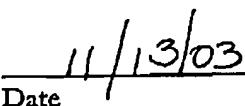
Title of Document Transmitted:	RESPONSE UNDER 37 C.F.R. §1.111
Applicant:	Neelakantan Sundaresan
Serial No.:	09/191,281
Filed:	November 12, 1998
Group Art Unit:	2176
Our Ref. No.:	ARC9-98-157 (MCM)

Please charge all fees to Deposit Account No. 09-0441 of IBM Corporation, the assignee of the present application.

By: 

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Reg. No.: 33,500

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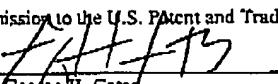
Due Date: November 13, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Neelakantan Sundaresan	Examiner:	Rachna Singh
Serial No.:	09/191,281	Group Art Unit:	2176
Filed:	November 12, 1998	Docket:	ARC9-98-157 (MCM)
Title:	GENERATING VISUAL EDITORS FROM SCHEMA DESCRIPTIONS		

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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Name: George H. Gates

Commissioner for Patents
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Alexandria, VA 22313-1450

Dear Sir:

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 Response Under 37 C.F.R. §1.111.

CLAIMS PRESENT

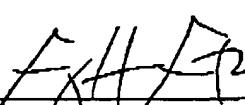
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate		Fee
Total Claims					
69	69	0	x \$18.00	=	\$0.00
Independent Claims					
3	3	0	x \$86.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$0.00
TOTAL FILING FEE					\$0.00

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Please charge all fees to Deposit Account No. 09-0441 of IBM Corporation, the assignee of the present application. A duplicate of this paper is enclosed.

CUSTOMER NUMBER 22462

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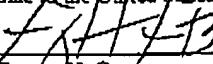
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By: 
Name: George H. Gates

RESPONSE UNDER 37 C.F.R. §1.111

Commissioner for Parents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action dated August 13, 2003, please enter the following remarks in the above-identified application.

THE CLAIMS

The pending unamended claims are reproduced below for the benefit of the Examiner.